

Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

Applicant Name: <u>Shelly D Brisbin</u>	
Date Received: <u>2/22/13</u>	Applicant Number: <u>10420</u>
Recommended Applicant Pool Status:	Final Applicant Pool Status:
<input checked="" type="checkbox"/> Included <input type="checkbox"/> Removed	<input checked="" type="checkbox"/> Included <input type="checkbox"/> Removed

REQUIREMENTS:

1. Was the application received before the submission deadline? ☒ Yes ☐ No

If NO, list time/date application was received: _____

2. Is the application complete? ☒ Yes ☐ No

If NO, list the item(s) that need to be completed:

3. Indicate how the applicant responded to the following questions:

A. Student enrolled in a college/university in the City of Austin? ☐ Yes ☒ No

If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:

i. Reside in the City of Austin? ☒ Yes ☐ No

ii. Registered to vote in the City of Austin? ☒ Yes ☐ No

iii. Continuously registered to vote in the City of Austin? ☒ Yes ☐ No

iv. Voted in 3 of the last 5 City of Austin general elections? ☒ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?** ☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?

If YES, indicate which question(s):

☐ Yes ☒ No

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

If YES, identify issue(s) addressed and disposition:

☐ Yes ☒ No

CONSISTENCY:

5. Are applicant answers consistent?

If NO, indicate which answer(s):

☒ Yes ☐ No

❖ **Follow-up needed related to CONSISTENCY?**

If YES, identify issue(s) addressed and disposition:

☐ Yes ☒ No

Application Reviewed By: <u>BL</u>	Review Date: <u>2/25/13</u>
Quality Control Review By: <u>[Signature]</u>	QC Review Date: <u>2/27/13</u>
Follow-up Contact(s) Reviewed By: <u>N/A</u>	Date: _____